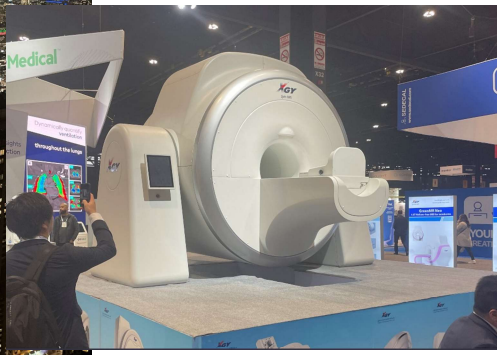
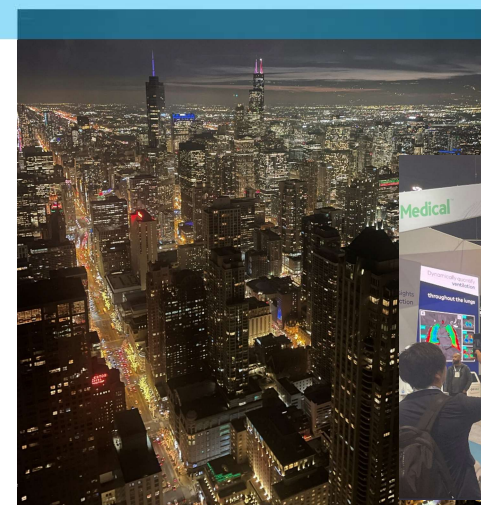




2025年度 中国・四国支部 国際化推進セミナー

2025年11月29日

RSNAの発表を経験して



社会医療法人 鴻仁会 岡山中央病院
診療技術部 診療放射線科 上堀内善紀

自己紹介

<略歴>

平成25年3月 岡山大学医学部保健学科放射線技術科学専攻 卒業

平成25年4月 岡山中央病院 診療放射線技師として入職

平成30年4月 同施設 診療技術部 放射線科リーダー

<主な保有資格等>

- ・ 診療放射線技師
- ・ 第1種作業環境測定士

<発表経験>

国内・第79回 日本放射線技術学会総会学術大会

・ 第81回 日本放射線技術学会総会学術大会

海外・第109回 Radiological Society of North America



施設紹介 岡山中央病院

〈病床数〉 243床

〈標榜科目〉

泌尿器科、産婦人科、内科、消化器内科、循環器内科、脳神経内科、
外科、乳腺外科、整形外科、脳神経外科、救急科、放射線科、麻酔科、
形成外科、眼科、回復期リハビリテーション科、腎臓内科、
緩和ケア内科、総合診療科、皮膚科

〈関連施設〉 セントラル・クリニック伊島

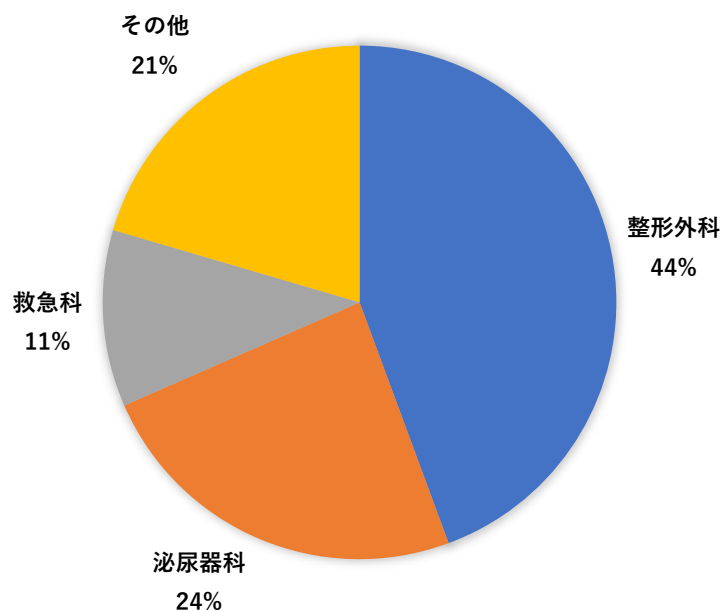
- ・ 診療放射線技師 14名（パート2名含む）
- ・ 放射線診断医 1名
- ・ 放射線治療医 2名



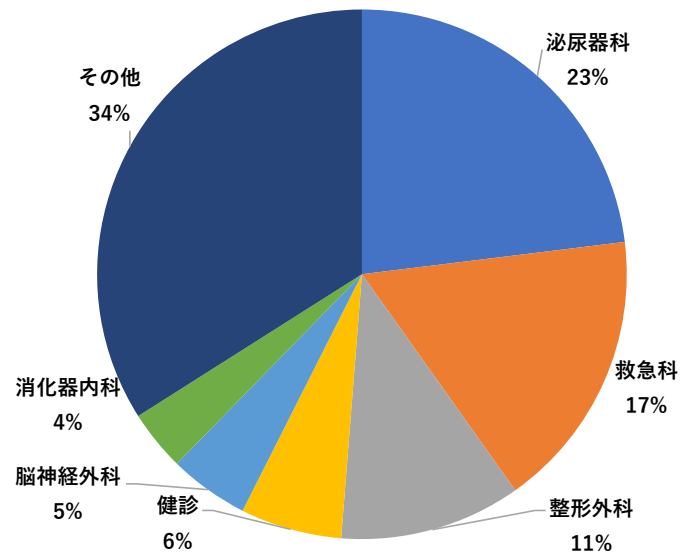
一般撮影装置	4台	/	ポータブル装置	2台
CT装置（80列）	1台	/	MRI装置（3 T）	1台
RI装置	1台	/	DEXA装置	1台
カテ装置	1台	/	Cアーム	4台
放射線治療機	1台	/	その他関連施設装置	

年間検査件数（2024年度）

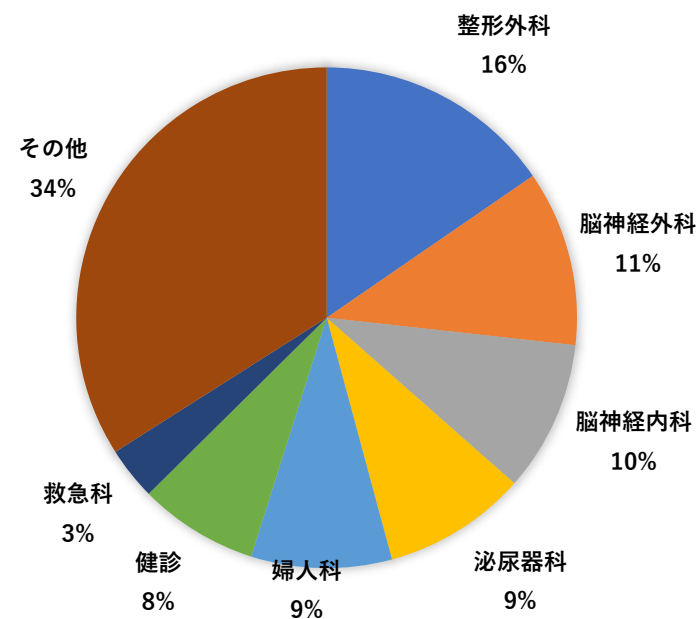
一般撮影 16,776件



CT 8,901件



MRI 5,046件



国際学会参加へのプロセス

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国際学会挑戦の背景

- なんとなく学会発表への憧れ
周囲や大学の同期のが挑戦している姿がかっこいい！！！！
- 上司に勧められたことがスタート
川崎医療福祉大学 講師 舩田隆則先生に勧められ、研究開始
- 日本放射線技術学会総会学術大会後の一言
「国際学会にも1度出してみたら？」
- 英語への不安と国際学会の魅力
海外への恐怖と海外発表への興味



RSNAとは



- Radiological Society of North America（北米放射線学会）
- 毎年11月末～12月上旬にアメリカのイリノイ州シカゴで開催される放射線学術集会および最新の放射線機器展示会
- 2023年大会は世界中から約3万4千人の放射線技師や放射線科医、医学物理士などが参加
- 会場となるMcCormick Placeは総面積約46755m²で東京ドーム5個分の広さ
- 応募演題数は約11000演題（採択率は3割程）





学術プログラム

- plenary sessions : 7セッション
- Scientific Paper : 851題 (19分野)
- Education Course : 300以上
- Education Exhibit : 1654題
- Scientific Poster : 1419題
- Learning Center Theater : 150題

●機器展示 670社



スケジュール

5/2

- 抄録提出期限

7/18

- 合格発表

10/30

- 参加登録期限

11/8

- 演題登録期限

11/26
-30

- RSNA

English



抄録

タ

2400文字以内

Investigation of Buffer Thickness for Reducing Artifact

Author Block: Y. Kamihoriuchi¹, Y. Fujiwara¹, F. Higuchi²

¹Okayama Central Hospital, Okayama-Shi, JAPAN, ²Okayama

Abstract:

***Purpose:** If the hand is directly positioned on the computer three-dimensional (3D) imaging. The objective of this investigation was to reduce artifacts from the CT table mat during 3D image creation by separating the hand from the CT table mat.

***Methods and Materials:** The wrist phantom was placed on the CT table mat with no buffer (none), one piece of gauze (gauze) and 1, 2, 3, 4 and 5 mm of Styrofoam buffer (1 mm, 2 mm, 3 mm, 4 mm, 5 mm). For the 3D image, we used FC30, Aice Bone mild: BM, and Aice Bone standard: BS. The maximum CT value and full width at half maximum (FWHM) were measured among three scenarios: no buffer, gauze, and 1 mm buffer.

***Results:** The results obtained indicate statistically significant differences in the maximum CT values at the phantom edges, the following comparisons were made: FC30 (none: 329 (227-275) HU, 5 mm: 219 (215-222) HU) ($p < 0.05$ for BM (gauze: 0.72 (0.63-0.81) mm, 1 mm: 1.00 (0.99-1.01) mm), BS (none: 269 (227-275) HU, 5 mm: 219 (215-222) HU) ($p < 0.05$ for BM (gauze: 0.72 (0.63-0.81) mm, 1 mm: 1.00 (0.99-1.01) mm), BS (none: 269 (227-275) HU, 5 mm: 219 (215-222) HU) ($p < 0.05$ for BM (gauze: 0.72 (0.63-0.81) mm, 1 mm: 1.00 (0.99-1.01) mm).

***Conclusions:** By inserting a buffer material with a thickness of 1 mm, the separation of the hand and the CT table mat can be achieved easier for regardless of the conditions.

***Clinical Relevance/Application:** It was confirmed that the use of 3D imaging of the hand and increase flexibility in posi-

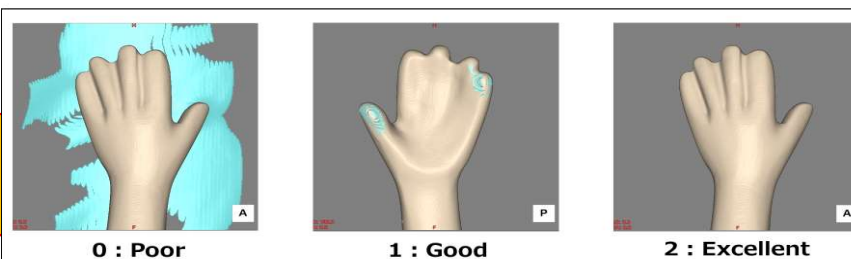


Fig.1 Visualization scores were evaluated at three levels to assess the degree of artifacts caused by the CT table mat during 3D image creation

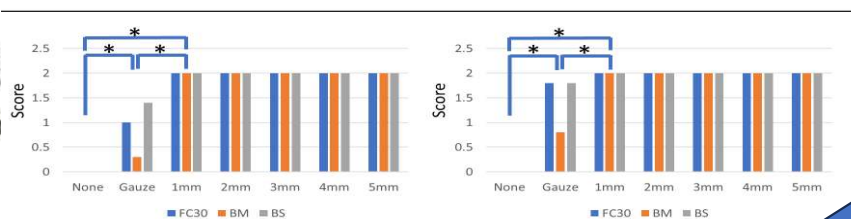


Fig.2 Visualization score

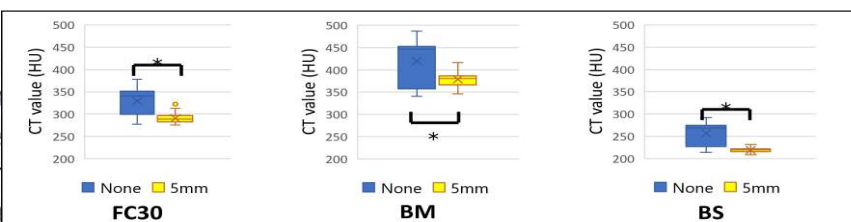


Fig.3 Comparison of maximum CT values of phantom edges

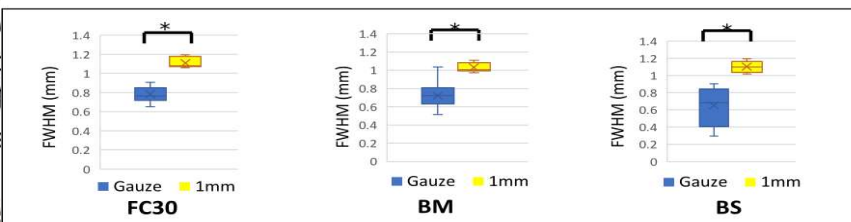


Fig.4 Compared for the FWHM

ities Three-Dimensional Imaging

視覚的に
分かりやすく

CT table mat due to artefacts from the CT table mat at the or 3D imaging, to alleviate artifact generation consequent to

的
法・使用機器
果
論
床への関連性

ng, the separation of the hand and the CT table mat can be
facts from the CT table mat, which can improve the quality

スケ

Status: Accepted for presentation

Control Number: 8619

Title: Investigation of Buffer Thick

Your assigned day/time to stan

Dear Dr. Yoshiki Kamihoriuchi:

I am pleased to inform you that y
Chicago, Illinois. From over 11,00

Requests to add co-authors mu
displayed. Please note, all co-a

Please note the following impo

- Registration and Housir
the physical meeting.
- English is the official language of the RSNA meeting. If you are not comfortable ans

The Board of Directors and the Annual Meeting Program Planning Committee thank you for your valuable

Sincerely,

Jorge A. Soto, MD

Chair, Annual Meeting Program Planning Committee

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Five Revolutionary Years in the U.S.

Extremities Three-Dimensional Central (C)

Presenting Author: Yoshiki Kamihoriuchi

Date/Time: Nov 26 2023 12:15 - 12:45

Location: Learning Center

Files that exceed the slide limit will be returned for modification

109TH SCIENTIFIC ASSEMBLY AND ANNUAL MEETING
McCORMICK PLACE | CHICAGO

RSNA 2023
Annual Meeting: Nov. 26-30
Technical Exhibits: Nov. 26-29

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Read our important tips below to set yourself up for success.

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スライド

- Power PointまたはPDF
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※オンラインツールを使用すれば、音声ナレーションを録音または追加したりすることは可能

Investigation of buffer thickness for reducing artifacts from the table in CT examinations with extremities 3D imaging

Y. Kamihoriuchi¹⁾

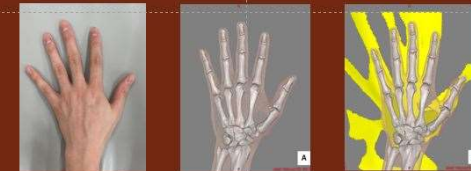
Y. Fujiwara¹⁾, F. Higuchi¹⁾, T. Sasaki¹⁾, S. Watanabe¹⁾, T. Masuda²⁾

1)Department of Radiology, Okayama Central Hospital

2)Department of Radiology, Kawasaki University of Medical Welfare

Introduction 3

It is well-established that during the creation of 3D hand bones through direct placement of fingers on a mat, bed mat artifacts are generated, thereby increasing the overall creation time.



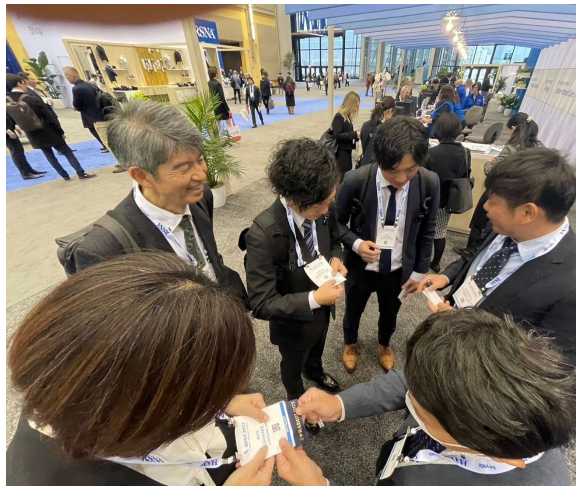
Summary

- The maximum CT value of the phantom edge was significantly higher at None than at 5 mm in all conditions.
- A comparison of the FWHM of the gap indicated that the gauze was significantly narrower than the Styrofoam.
- Additionally, visual evaluation revealed that the gauze was not consistently effective in providing separation.
- It was confirmed that using a buffer material of 1 mm or more can significantly reduce the effects of artifacts from the CT table mat, which can improve the quality of 3D imaging of the hand and increase flexibility in positioning.

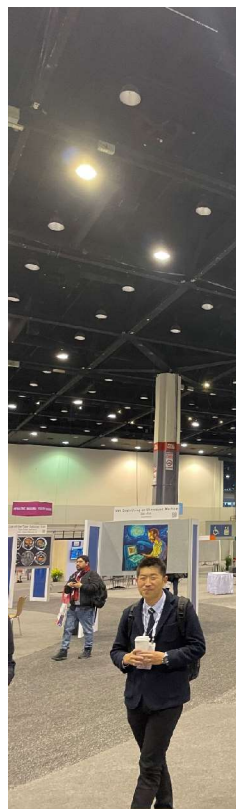
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発表



Investigation of buffer thickness for reducing artifacts from the table in CT examinations with extremities 3D imaging

Y. Kamihoriuchi¹⁾

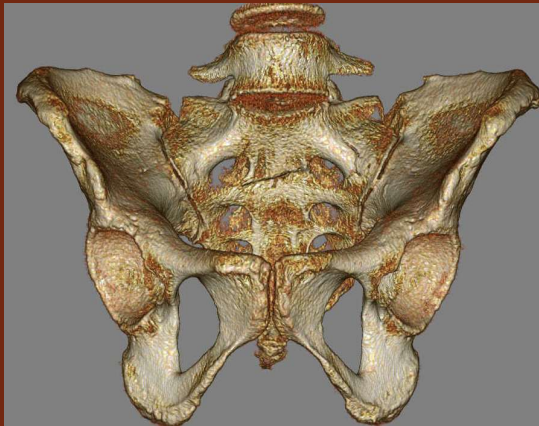
Y. Fujiwara¹⁾, F. Higuchi¹⁾, T.Sasaki¹⁾ , S.Watanabe¹⁾ , T. Masuda²⁾

1)Department of Radiology, Okayama Central Hospital

2)Department of Radiology, Kawasaki University of Medical Welfare

Introduction 1

Computed tomography (CT) volume data can be utilized to effortlessly generate multi-planar reconstruction(MPR) and volume rendering (VR) images, which serve as beneficial resources for treatment selection and surgical support.



Introduction 2

In trauma examinations, the creation of three dimensional (3D) images can be a valuable tool for confirming the presence, size, and depth of foreign bodies and bones.



Introduction 3

It is well-established that during the creation of 3D hand bones through direct placement of fingers on a mat, bed mat artifacts are generated, thereby increasing the overall creation time.



Purpose

The purpose of this study is to investigate the optimal thickness of the buffer material using at the 3D creation, in order to mitigate any artifact generation resulting from the separation of the hand from the CT table mat.

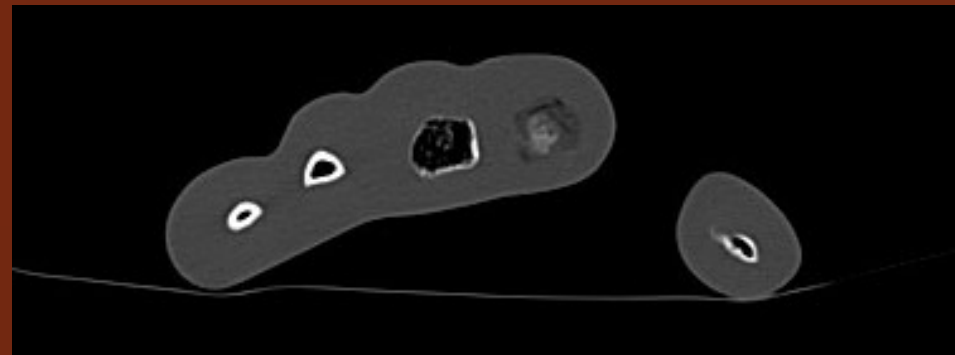
Materials

- CT System : Aquilion Prime SP/iEdition (Canon Medical Systems)
- Phantom : Forearm Human Body Phantom (Kyoto Kagaku)
- Buffer : Styrofoam 1, 2, 3, 4, 5mm, and non-woven gauze for medical used
- 3D Workstation : Ziostation2 Plus ver. 2.9.8.4



Method 1: Scan parameter

- Tube voltage : 135 kVp
- Tube current : 100 mA
- Rotation time : 1.0 s
- Helical pitch : 0.637
- Slice thickness : 1.0 mm
- Field of view : 150 mm
- Reconstruction interval : 0.5 mm
- Number of scans : 10



Method 2: Reconstruction

- FC30 AIDR3D mild : FC30

For Commonly used bone functions.

Iterative
Recon.

-
- Aice Bone mild , Post-processing Filter(+) : BM

For Bone function used for bone observation in our hospital

- Aice Bone standard , Post-processing Filter(+) : BS

For Bone function used for 3D in our hospital

Deep
Learning
Recon.

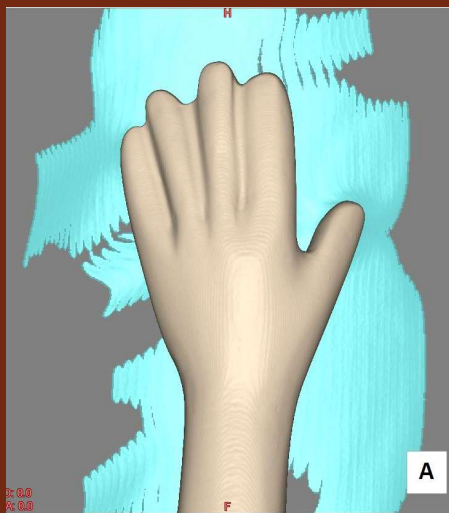
Method 3 : Positioning

- Placement of the phantom in the center of CT gantry
 - The phantom's thumb and little finger were positioned on the CT table mat
-
- No buffer (None)
 - 1 piece of gauze (Gauze)
 - Styrofoam 1, 2, 3, 4, and 5 mm

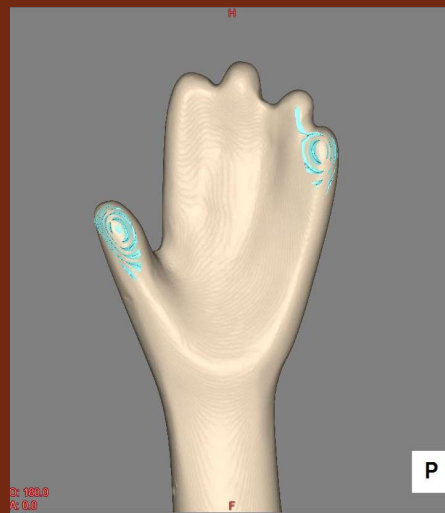


Method 4: Visual evaluation

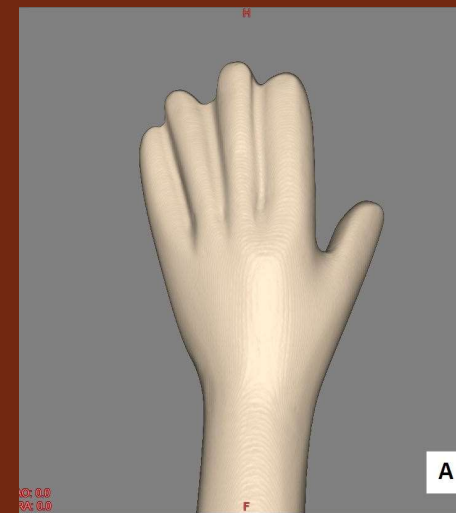
- A radiology technologist with 7 and 9 years of experience qualitatively evaluated in this study.
- Artifacts were evaluated using a 3-point scale at the 0 or 100 threshold.



0 : Poor



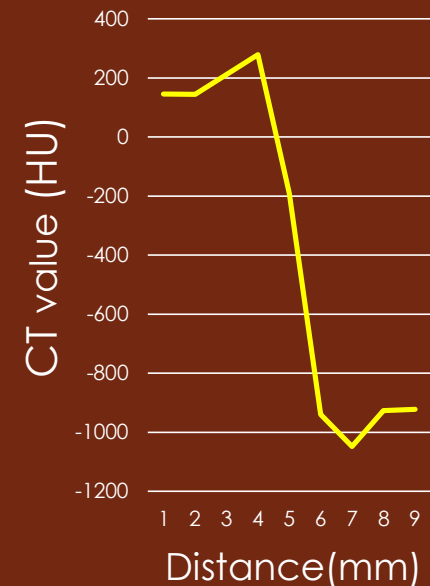
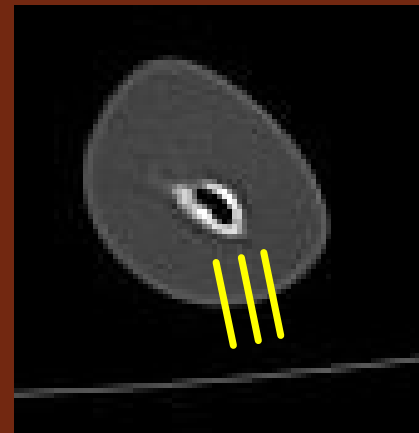
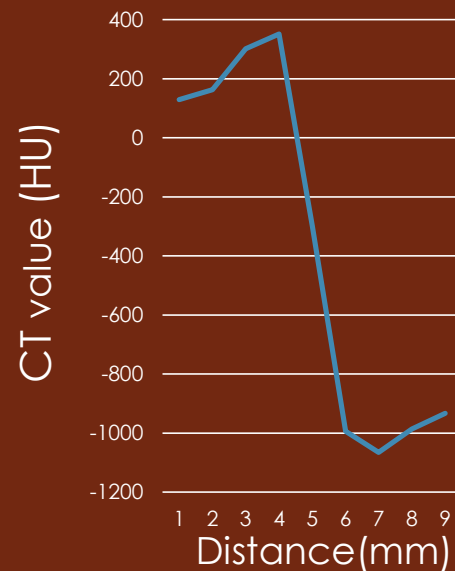
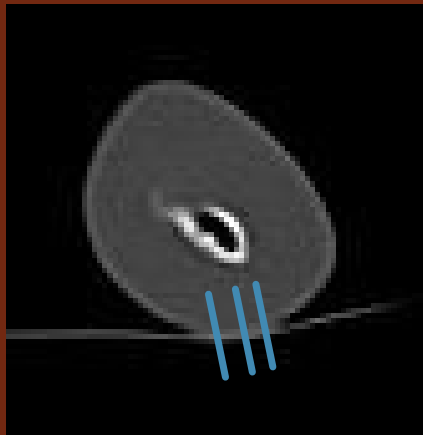
1 : Good



2 : Excellent

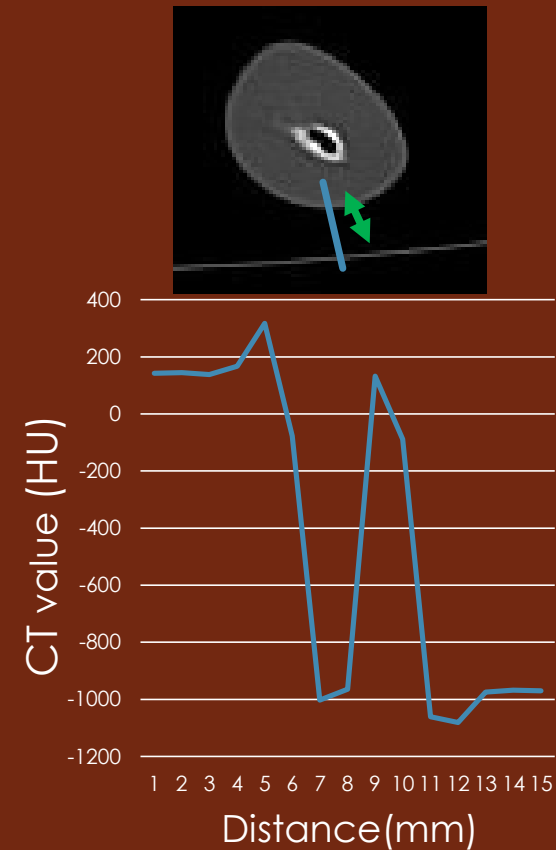
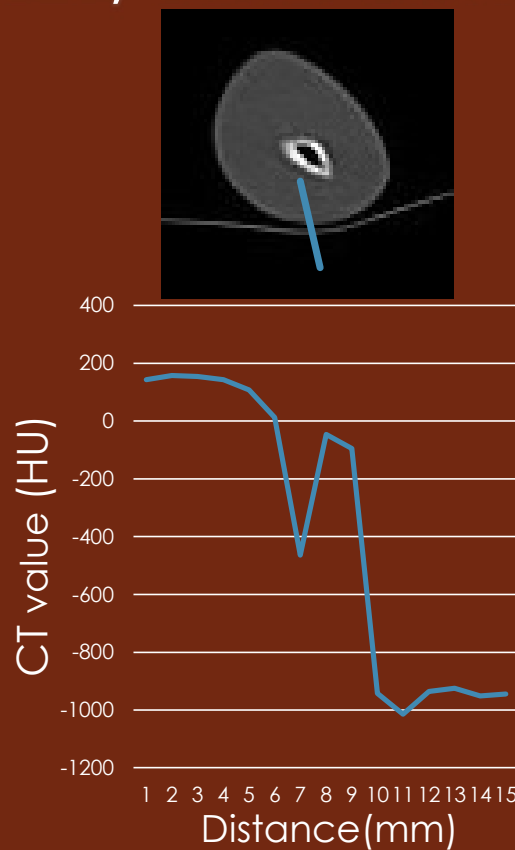
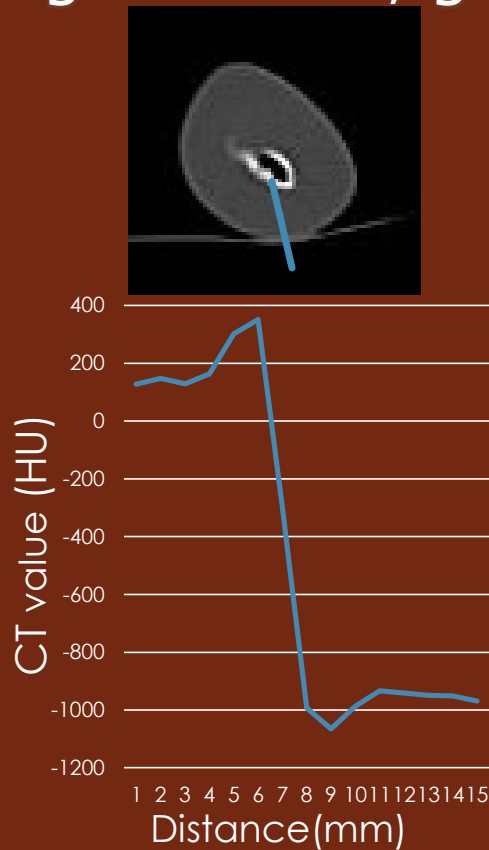
Method 5: Maximum CT values

- Place three region of interest (ROIs) on the same slice of both the unbuffered and 5mm buffered images
- Created profile curves
- Compared for the maximum CT values of phantom edge



Method 6: FWHM of gap

- Compared for the full width at half maximum (FWHM) among no buffer, gauze, buffer 1mm



Method 7: Statistical analysis

- EZR Ver.1.55

Kruskal-Wallis test or Mann–Whitney U test

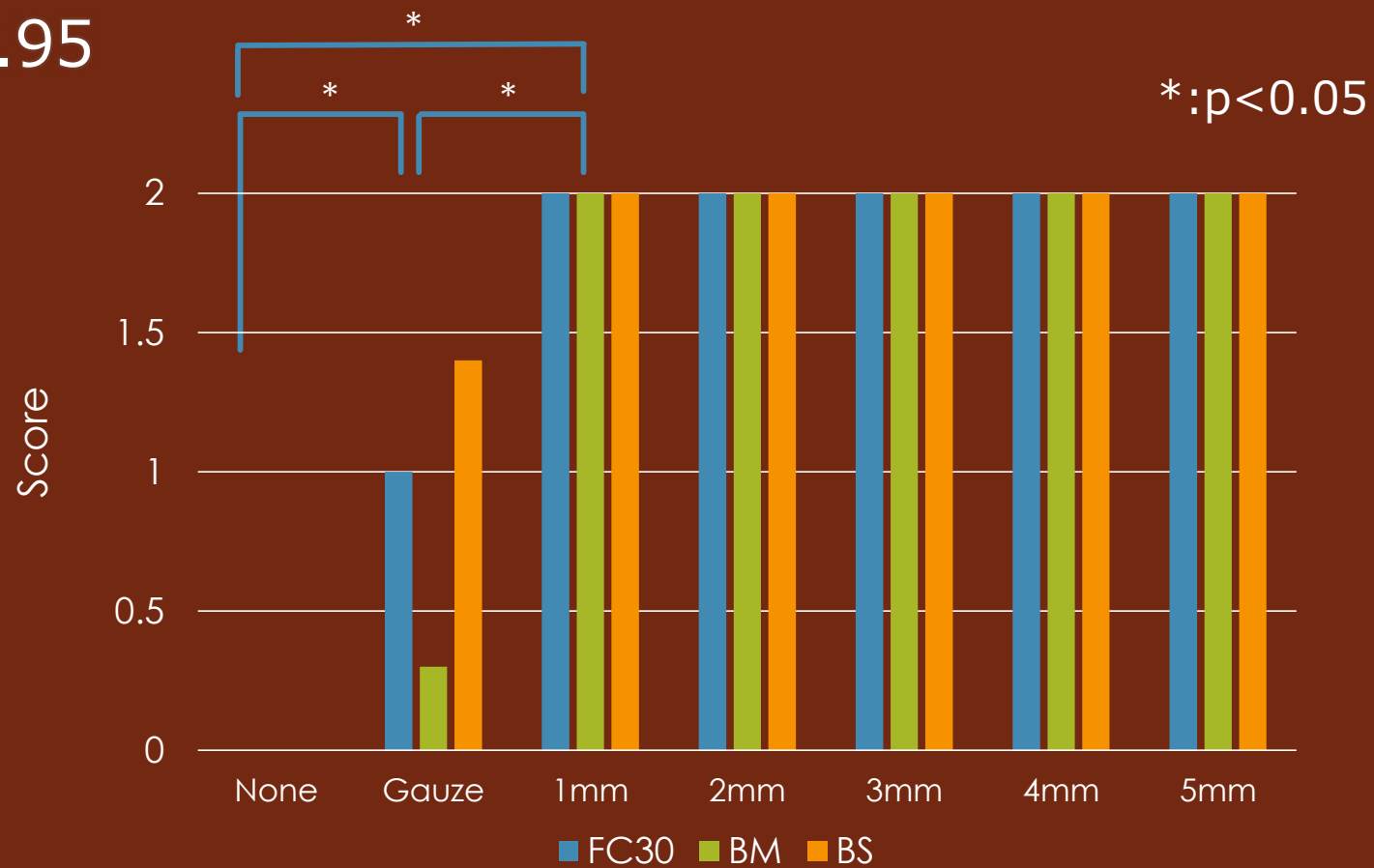
Differences were considered statistically significant at $p < 0.05$

- Cohen's kappa coefficient

Results 1: Visualization score

Threshold : 0

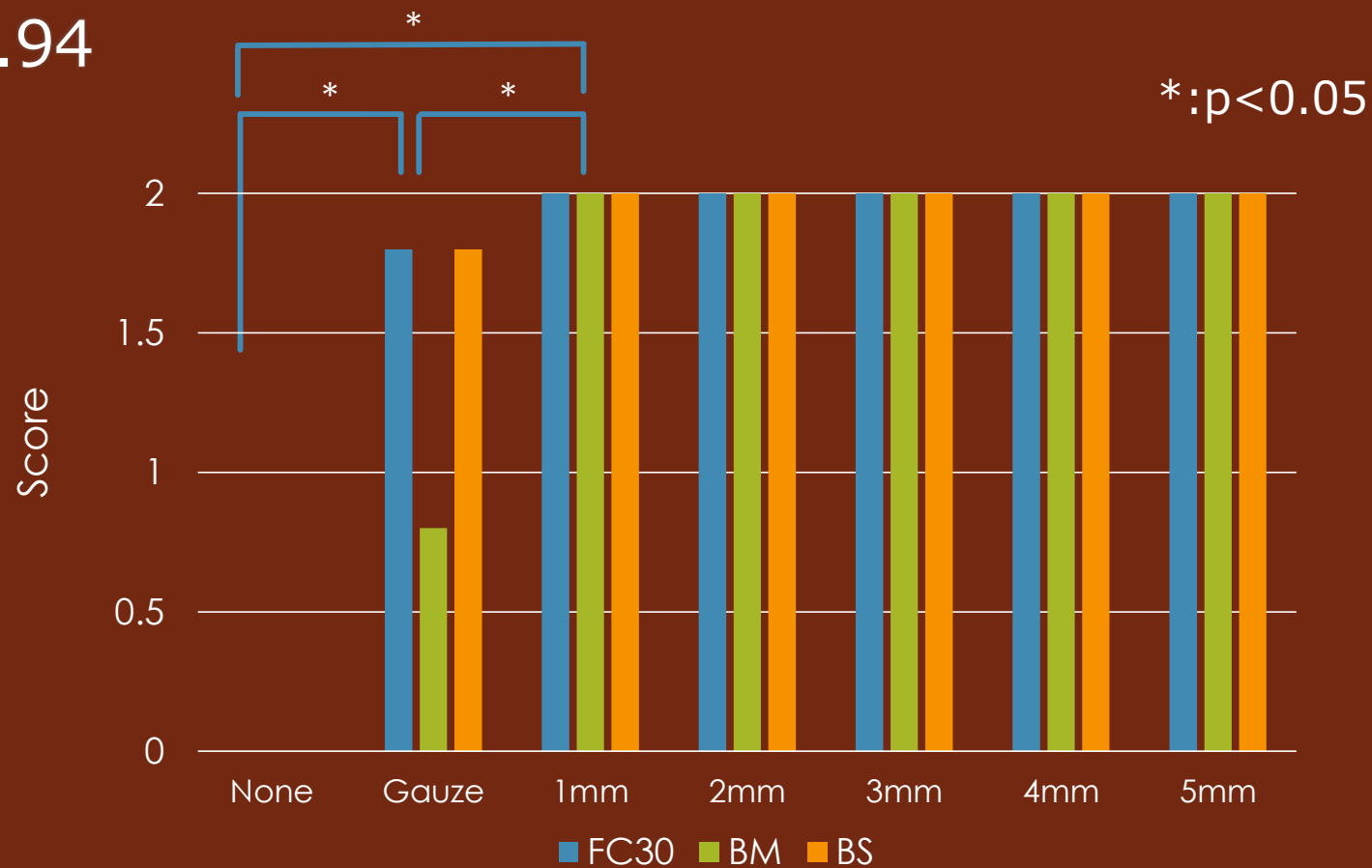
$k = 0.95$



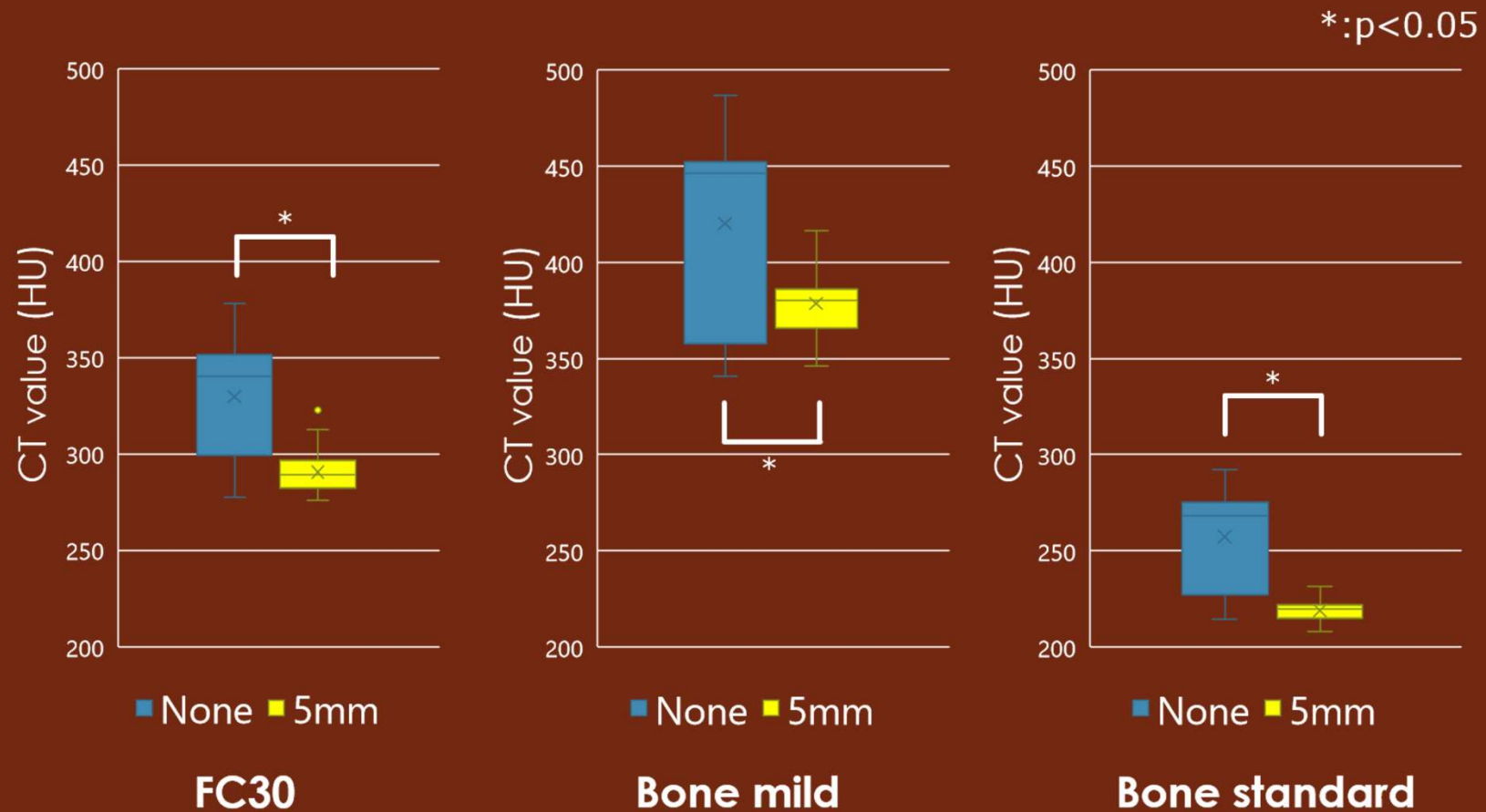
Results 2: Visualization score

Threshold : 100

$k = 0.94$

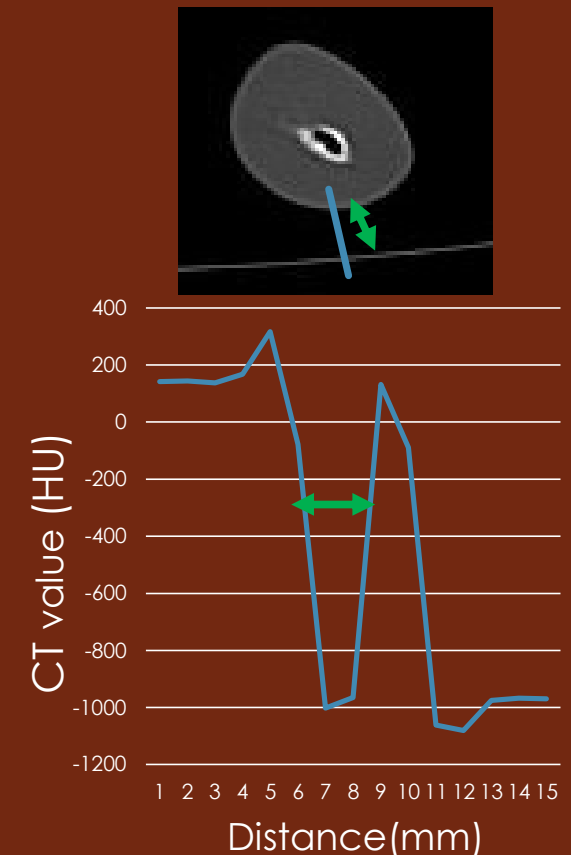


Results 3: Maximum CT values



Results 4: FWHM of gap

	Gauze	1mm	p value
FC30	0.77(0.71-0.85)	1.08(1.07-1.18)	< 0.05
Bone mild	0.72(0.63-0.81)	1.00(0.99-1.08)	< 0.05
Bone standard	0.70(0.41-0.82)	1.10(1.04-1.16)	< 0.05



None : No gaps were detected by the method of this study.

Summary

- The maximum CT value of the phantom edge was significantly higher at None than at 5 mm in all conditions.
- A comparison of the FWHM of the gap indicated that the gauze was significantly narrower than the Styrofoam.
- Additionally, visual evaluation revealed that the gauze was not consistently effective in providing separation.
- It was confirmed that using a buffer material of 1 mm or more can significantly reduce the effects of artifacts from the CT table mat, which can improve the quality of 3D imaging of the hand and increase flexibility in positioning.

Conclusion

By inserting a buffer material with a thickness of at least 1mm between the hand and the CT table mat at creating 3D imaging, the separation of the hand and the CT table mat can be achieved easier for regardless of the conditions.

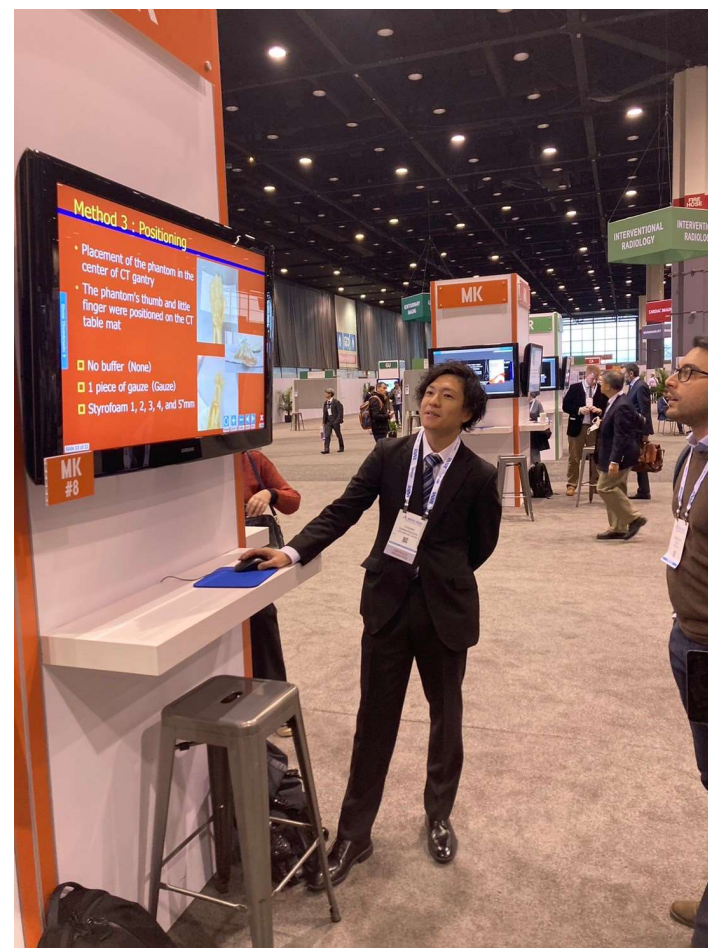
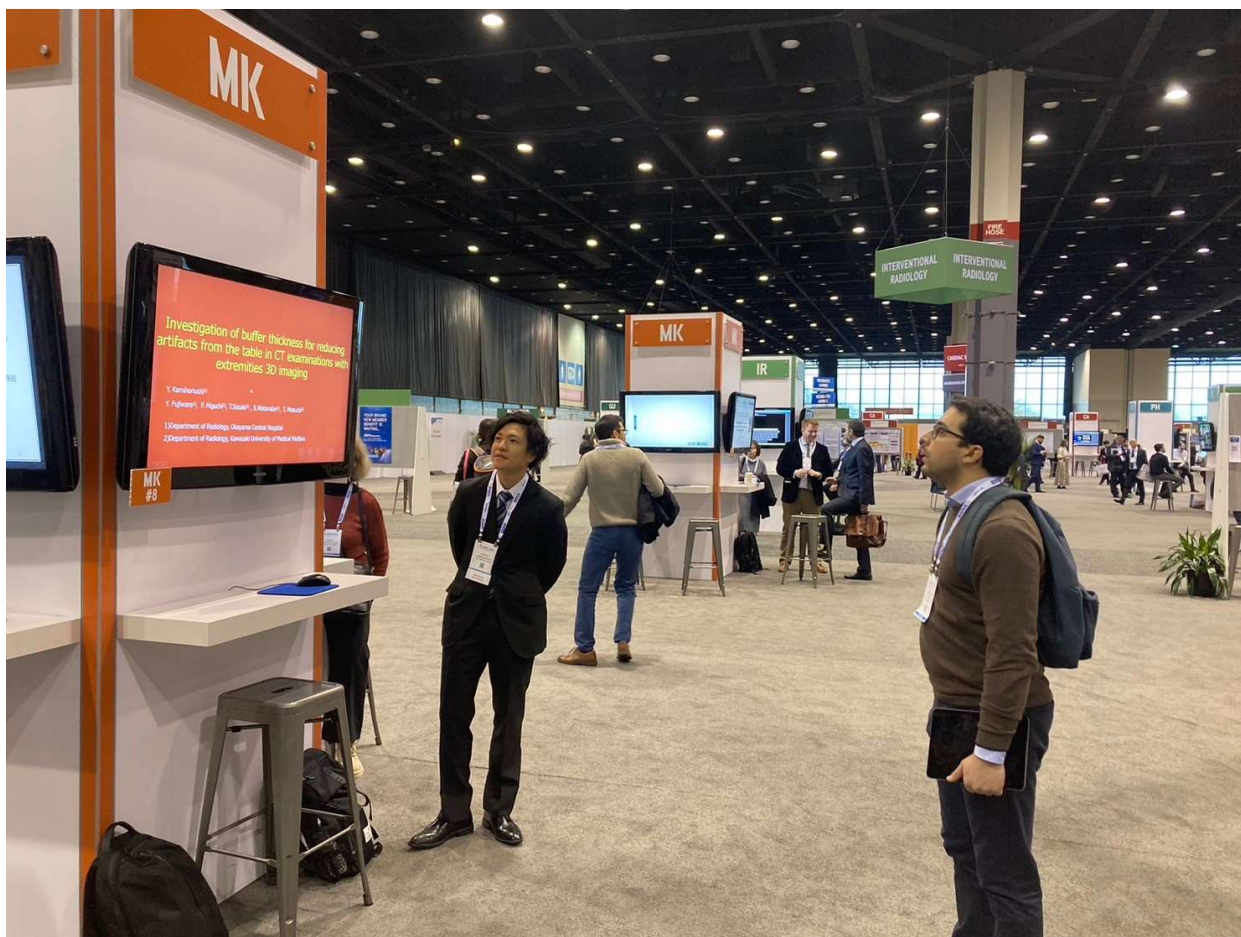
Thank You

- If you have any further questions or comments, please don't hesitate to contact me by e-mail

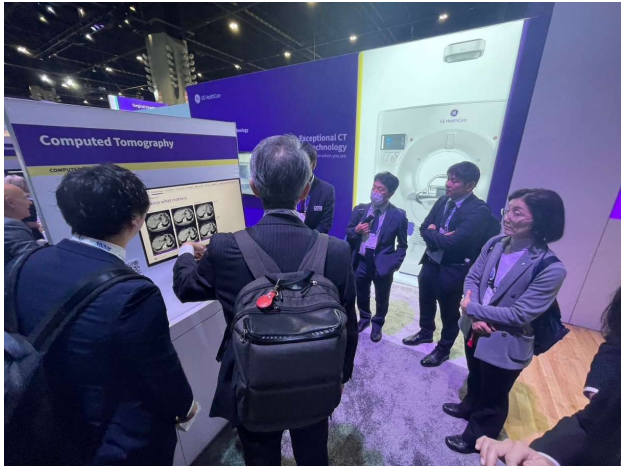
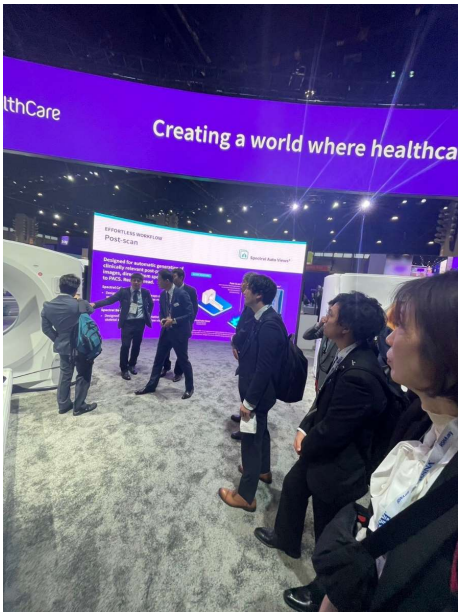
@ : y.kamihoriuchi@gmail.com

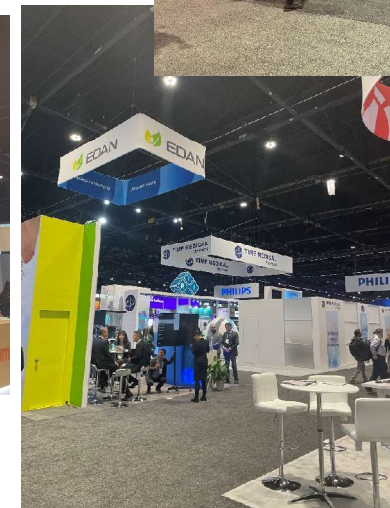
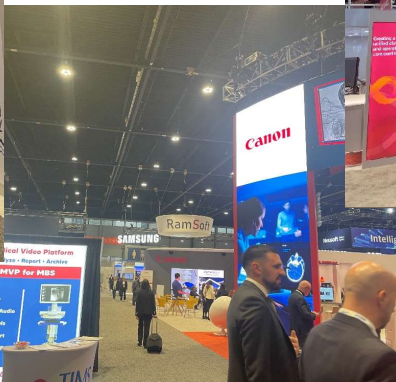


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観光



RSNAの発表を経験して

- 英語での抄録やスライドの作成
 - ⇒時間と労力がとても必要、できないことに自己嫌悪
- 英語での発表
 - ⇒何を聞かれるか、どんな雰囲気か分からない不安と緊張
- 学会発表の経験不足
 - ⇒国内での発表経験が少ないことへの劣等感
- 海外渡航
 - ⇒海外に対する恐怖や心配

RSNAの発表を経験して

●英語での抄録やスライドの作成

- 慣れない作業で時間はかかったが、完成した時の達成感は大い
- 英語で整理することで、研究内容の理解度はより深まった

●英語での発表

- 海外の参加者はフレンドリーで、想像以上に話しやすい雰囲気
- 完璧な英語でなくても、相手に伝えようとする姿勢が大切

●学会発表の経験不足

- 経験の有無よりも、自信を持って準備し臨むことが重要
- 不安はあるが、やってみれば意外と何とかなる

●海外渡航

- 学会以外にも多くの刺激があり、非常に楽しい経験
- 異文化に触れることで視野が広がり、満足感を得られる

まとめ

- 学会発表経験が乏しい私ですが、国際学会への参加はできました！！！！
- 抄録の作成やスライドの作成は、時間も労力も必要でした特に英語という点がとても大変・・・
- 発表後の達成感やご褒美の観光、ごはんは最高でした！
- ぜひ、チャレンジしてみてください



ご清聴ありがとうございました

109TH SCIENTIFIC ASSEMBLY AND ANNUAL MEETING

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